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ABSTRACT

Nearly 20 percent of all migrant farmworkers are adolescents, and as many as half of these may be unaccompanied by their families. These youth clearly have special health and educational needs that require commitment from social institutions and agencies. In June 1991, a conference held in Delray Beach, Florida by the National Coalition of Advocates for Students on health issues affecting adolescent farmworkers was attended by educators and health workers who serve migrant youth, local and national farmworker advocates, and adolescent farmworkers. Participants assessed health needs, identified barriers to addressing those needs, developed priorities, and drafted recommendations. This report presents highlights of the conference, supplemented by interview data collected from service providers and adolescent farmworkers. Conference findings and related interview excerpts are organized around five major areas of concern: (1) substance abuse (drinking and drug use); (2) sexuality (sex education, teenage pregnancy, contraception, sexually transmitted diseases, AIDS, risk factors related to HIV infection, barriers to HIV prevention, and positive programs and practices); (3) mental health (psychosocial stress, family problems, generation gap and cultural gap between parents and teenagers, domestic violence, school attitudes, and dropping out); (4) physical health (nutrition, dental health, and access to health care); and (5) occupational health and safety (child labor, housing, sexual harassment, field sanitation, and pesticides). Extensive recommendations are offered to health care programs, community-based youth programs, local and state education agencies, and national advocacy organizations. Appendices list relevant publications, conference participants, and health service providers interviewed, and detail the size and composition of the U.S. farm labor force. (SV)

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Cultivating Health

An Agenda for Adolescent Farmworkers

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Written by
Aurora Camacho de Schmidt
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National Coalition of Advocates for Students

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CULTIVATING HEALTH: AN AGENDA FOR ADOLESCENT FARMWORKERS

Written by
Aurora Camacho de Schmidt

for the
National Coalition of Advocates for Students

Above Photo and Cover Photo Courtesy of the Farmworkers Association of Central Florida.

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1994

1920

Like all the others, I often went to work without knowing how much I was going to be paid. I was never hired by a rancher, but by a contractor or a straw boss who picked up crews in town and handled the payroll.... As a single worker, I usually ate with some household, paying for my board. I did more work than a child but less than a man, neither the head nor the tail of a family.

Ernesto Galarza, a youth from Mexico who earned a living as a summer picker near Sacramento, California.

Ernesto Galarza, Barrio Boy, pp. 262-263.

1992

In the summers I work picking apricots. I started working two years ago (when I was ten years old). When I work in the strawberries, I have to bend down all day, close to the ground, and my back always hurts. I wish I wouldn't have to work bending down so much. Farmworkers should be treated better, and they shouldn't have to work so hard. When I'm working in the strawberries, bending down, they're always pressuring me to work harder and faster, and they only give me a little time to rest. I don't want to work in this for the rest of my life.

A twelve-year-old girl from Jesus Maria Jalisco, Mexico. She migrates with her family between Mexico and California.

Personal interview, April 1992

FOREWORD

The National Coalition of Advocates for Students (NCAS) has been working with farmworker organizations to educate adolescents about HIV prevention since 1987. To be effective, HIV education cannot occur in a vacuum. The skills that youth need to make healthy decisions about behaviors that put them at risk for HIV infection—communication, assertiveness, and risk assessment skills—are the same as those needed to avoid pregnancy, substance abuse, and other health problems.

Underfunded and understaffed, few farmworker organizations can assign personnel to work exclusively with adolescents. Migrant education programs tend to focus on elementary school-age children, since there is a sharp drop in school enrollment after the sixth grade. Adolescents in farmworker communities are lost between the child and adult populations. For the purposes of this report, NCAS defines an adolescent as a young person aged 10 to 21 years.

Recognizing the interconnections between sexuality, disease prevention, mental health, and general health status, NCAS convened a conference to address health issues affecting adolescent farmworkers. Participants included educators and health workers who serve migrant and seasonal farmworker youth, farmworker advocates from local and national organizations, and adolescent farmworkers. The 32 participants met in Delray Beach, Florida, on June 21-23, 1991.

Participants were chosen by NCAS because of their direct contact with young farmworkers. Together they represent decades of work on behalf of adolescent farmworkers in clinics, migrant camps, schools, and community agencies. Nine of the adults grew up in farmworker families and shared both their personal and professional experiences. The six adolescents were members of a farmworker peer education project based in central Florida called Students Against Drugs and AIDS (SADA).

NCAS envisioned the conference as an opportunity for persons working with adolescent farmworkers in different settings to share their perspectives and to develop a set of recommendations addressed to education, health, and community agencies. This report presents the recommendations and summarizes the conference discussions.

Conveying the excitement and spirit of this event is difficult. Participants worked hard to identify and examine health issues and to develop and refine pertinent recommendations. Their commitment to youth kept them focused on the task at hand. Participants learned for the first time of programs in other regions of the country; participants from different disciplines shared their experiences and explored their similarities and differences. The gathering was characterized by a sense of anticipation, spontaneous discussion, a feeling of work finally acknowledged, and, above all, a desire to go beyond the weekend conference. NCAS staff quickly became observers of a process that assumed its own creative dynamic.

The teenagers contributed richly to the weekend. Their input was thoughtful, direct, and candid. Their willingness to share personal experiences, insights, hopes and dreams helped root the adults in reality. Future efforts to move forward the recommendations of this conference must include teenagers in the development, implementation, and evaluation stages.

NCAS endorses the conference recommendations and is committed to continue advocating for effective education on HIV and other health issues for adolescent farmworkers. The recommendations are offered with a sense of urgency. Their implementation will forward the achievement of the conference's goal—to improve the health care of adolescent farmworker men and women and to support their development and growth as persons. NCAS urges organizations serving farmworkers or adolescents and those promoting health to consider these recommendations carefully and to help make them reality.

Devon Davidson

Armando Gaitán

Janis Peterson

Staff of the Viviremos HIV Education Project
National Coalition of Advocates for Students

October 1994

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- Aurora Camacho de Schmidt. Ms. Camacho de Schmidt's deep caring and concern for farmworkers flow through her words and raise up the voices of youth and their advocates. We appreciate her judgment, carefulness, insight, sensitive writing, and seemingly endless patience.
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- Centers for Disease Control and Prevention. We thank the staff of the Division of Adolescent and School Health of the Centers for Disease Control and Prevention for the funds which made the conference and this report possible. We also thank them for their encouragement, editorial assistance, and advice.
- The adolescent farmworkers throughout America who labor in the fields to provide food to feed the nation.

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WE — THE YOUTH — IMAGINE A HEALTHY FUTURE

We imagine a health clinic that we have helped build and that is responsive to the needs of adolescents. We imagine a health center that is still open after school and after work, where our language is spoken, where we are not strangers or foreigners seen with condescension. We would like to see doctors and nurses, secretaries and administrators, who have done farm labor in the past and who know what our life is like from the inside.

We imagine clinics in our high schools, right where we learn and have our friends. We envision programs that bring us together with our parents to talk about difficult things, like drugs, alcohol, sex, disease, and AIDS.

For those of us who live and work in labor camps, we imagine outreach programs that come without intimidation, with staffers speaking like we do, to tell us about the dangers we are up against.

We imagine materials that we like to pick up and read, or cassettes and videos that we can check out and enjoy watching, but from which we may learn good things about health and life.

TO COMMUNITY GROUPS, we ask that you work with each other and advocate for our needs, for funding for educational and health programs, because we always hear that there is no money. We want groups to offer us something to do, so that we can spend time together constructively: sports, paid training and development programs, summer projects. And these programs would be even better if our own parents were involved.

We would really benefit from some knowledgeable adults helping us deal with problems like peer pressure, culture shock, low self-esteem, and living in isolated and rural communities. But for this to happen we would have to have a pretty good idea that we were understood, as Latinos, African Americans, Haitians, Asian Americans, Native Americans, and Whites.

We imagine a community where racial tensions are dealt with by bringing together people of all races and recruiting police from all groups, giving each other the security of friendship and camaraderie. We see in the future great possibilities in our neighborhoods and towns for shared fiestas and events.

We envision a school that organizes theater, painting contests, and other cultural events that allow us to express who we are. We imagine peer support groups for substance abuse, obesity, family alcoholism, adolescent parenthood, and child abuse, carefully monitored by professionals. The opportunity to have mother-daughter—and father-son—workshops on sexuality would be an immense benefit.

We desperately need to be able to work and contribute to our families' subsistence, so we also imagine a community-wide effort to create jobs for adolescents.

We dream of a world in which our parents, who have worked so hard so that we could educate ourselves, are involved in innovative programs as our partners, from preschool on.

TO STATE AGENCIES, we ask that you provide technical assistance and resources to local groups interested in our health and well-being. We imagine educational institutions that are aware of our health needs when they design curricula, hire professionals, and evaluate and coordinate with other services in the community.

AT A NATIONAL LEVEL, we dream big, imagining a country well informed about the lives of farmworkers, knowledgeable of how produce gets to every table, and appreciative of the hands that harvested each tomato, each apple, each strawberry. For this to happen, we imagine a public education campaign nationwide.

We dream of fields where pesticides are used cautiously, with our well-being in mind, with every safety measure for us, for our parents, and for consumers. We imagine a federal government that is set on improving health care for all migrant people and farmworkers.

We envision a system in which states work with each other to transmit information about our health from clinic to clinic, so that we who migrate have continuity of medical care.

We dream of a clearinghouse to act as broker between farmworker organizations and funding sources, because funds are needed to realize all of our dreams. We especially need prevention programs so that we know how to keep ourselves well.

We imagine, and we know, that all this is possible. Together with the adults who worked with us at the Conference on Health Strategies for Adolescent Farmworkers, we wrote a series of concrete steps for institutions to take. More than recommendations, these strategies represent an urgent appeal to this country to protect our wholeness, our health. We ask you to read them and to take them to heart.

We believe that a good health care system will look at us not as a collection of problems to be solved by agencies, but as a new generation with our own destiny, full of power for renewal, full of energy and imagination.

INTRODUCTION

Adolescents Working in U.S. Fields. Farmworkers in the United States earn their living by growing and harvesting the varied, abundant, and affordable fruits and vegetables enjoyed by most Americans. But farm labor is the poorest paying,[1] most dangerous[2] occupation in the country.

Farmworkers suffer from poor nutrition, deficient health care, lack of adequate housing, and unequal legal protection.[3] Their adolescent daughters and sons work many months of the year and, if they are lucky, also go to school. In the meantime, these adolescents are trying to negotiate one of the hardest stages in human development. Most will be carrying adult responsibilities for providing significant financial support for the family and for care of younger siblings.

Adolescent farmworkers may be immigrants or the children of immigrant parents. They must adapt to a foreign environment that can be hostile, seductive, and threatening. Many may be undocumented, i.e. they have no immigration papers to reside legally in the United States. More than one-third of all farmworkers migrate within the United States, alone or with their families, constantly in search of work.[4] For children and adolescents, this means spending part of each year in two or more school districts, homes, or labor camps, sharing the hardship of their parents' toil.

Some families manage to save enough money to settle in a town, usually to "get the children out of the fields," ensuring they will be educated. These "settled-out" families enjoy the benefits of a permanent home, but face new problems of adaptation and acceptance by the surrounding community.

Adolescent farmworkers have the same physiological and emotional needs of other young people. Good nutrition, access to health care, continuity of education, involvement in organized sports, opportunities for rewarding work, individual attention, creative and independent ventures, leisure time and socialization with peers—these are hard to come by for young farmworkers. Moreover, their developmental stage makes them vulnerable to risky behaviors, especially in the absence of strong communities, recreational activities, and a firm educational foundation. As is true for many adolescents in the United States, alcohol and drug use and early sexual activity threaten adolescent farmworkers with the ravages of addiction, unintentional injury, violence, unwanted pregnancy and childbearing, and sexually transmitted diseases, including infection with the human immunodeficiency virus (HIV).[5]

1 *National Migrant Resource Program, "Migrant Clinicians Network Issues Paper on Child Labor in Agriculture," in Migrant Health Newsline—Clinical Supplement, Austin, TX, May/June 1992.*

2 *US Dept. of Labor: Table 48, "Occupational Injury and Illness Incidence Rates by Industry," Monthly Labor Review 1988; 118-19.*

3 *National Advisory Council on Migrant Health, Farmworker Health for the Year 2000: 1992 Recommendations of the National Advisory Council on Migrant Health, January 1992; and Valerie A. Wilk, The Occupational Health of Migrant and Seasonal Farmworkers in the United States, 2nd edition, Farmworker Justice Fund, Inc., Washington, DC, 1986, p. 2.*

4 *U.S. Department of Labor, U.S. Farmworkers in the Post-IRCA Period: Based on Data from the National Agricultural Workers Survey (NAWS), Research Report No. 4, March 1993.*

5 *Nancy Vaughn, "Education, Advocacy, and Resource Development for the Farmworker Adolescent," and Devon Davidson, "Substance Abuse Among Latino and Farmworker Adolescents," in Farmworker Substance Abuse: An Action Plan for the Year 2000, National Migrant Resource Program, Austin, TX, October 1991; Children's Defense Fund, Latino Youth At A Crossroads, Adolescent Pregnancy Prevention Clearinghouse report, Washington, DC, July/August 1990*

Around 1920, Ernesto Galarza, a Mexican boy who had been orphaned, made a living as a summer picker in the fields near Sacramento, California. Working "more than a child, less than a man" would work, he grew up to be a university professor and a chronicler of his immigrant people. But the injustice he recorded has far from vanished.[6] Today many more young people like him toil the fields, each one of them working more than a child.

Nearly 20 percent of all farmworkers in the United States are adolescents (this number excludes nonworking children of farmworker parents). Based on a labor force of 2.25 million farmworkers—a conservative estimate—the absolute number of adolescents is close to 450,000. Of these adolescents, approximately 130,000 are female and 320,000 are male. As many as 230,000 of these adolescent males may be working the migrant stream unaccompanied by their families.[7] Unaccompanied youth in U.S. fields clearly have special mental and physical needs.[8] This is complicated by the fact that a large percentage is foreign and relatively new to this country, and a significant proportion is undocumented.[9] These are sobering facts that demand public concern and empathy, as well as committed action on the part of all major social institutions to meet the health and educational needs of these young people.

The National Conference. The National Coalition of Advocates for Students (NCAS) has come to know the young farmworker population through its work in education and HIV prevention.[10] From this unique vantage point, NCAS perceives an urgent need to address the health problems of adolescent farmworkers. In June of 1991, NCAS held a conference in Delray Beach, Florida to develop an action agenda that would address the health needs of adolescent farmworkers.

Prior to this National Conference on Health Strategies for Adolescent Farmworkers, NCAS facilitated a series of focus groups in order to develop a grassroots-based agenda for the conference. Seven focus groups were held, four with adults who provide services to adolescent farmworkers and three with adolescent farmworkers themselves. Adult focus groups were comprised of administrators and nurses from migrant health centers, staff from community-based organizations, and other advocates. Focus group sessions took place in Florida, Texas, and Washington state. Participants developed collective answers to questions in these areas:

- Physical and emotional issues that affect young farmworkers;
- Places where young farmworkers tend to go for help in answering health-related questions;
- Approaches that are effective in reaching adolescent farmworkers;

6 *Ernesto Galarza, Barrio Boy (Notre Dame, Indiana: Notre Dame University Press, 1971), pp. 262-263.*

7 *These numbers are based on a landmark study conducted by the Labor Department, briefly discussed in Appendix C.*

8 *Interview of farmworkers in Avondale, PA by Aurora Camacho de Schmidt, January 21, 1992.*

9 *U.S. Department of Labor, Findings From the National Agricultural Workers Survey (NAWS) 1990: A Demographic and Employment Profile of Perishable Crop Farm Workers, Office of Program Economics, Research Report No. 1, July 1991.*

10 *See Appendix A for a brief description of the National Coalition of Advocates for Students (NCAS).*

- Barriers to reaching farmworker youth with effective health education;
- Resources that adolescent farmworkers need;
- Changes needed at the community level to provide effective health education to young farmworkers.

The national conference brought together adolescent farmworkers, migrant health service providers, farmworker advocates, and migrant educators.[11] Having studied a summary of the local focus group discussions and other background materials in advance, the 25 participants assessed health needs; identified barriers to addressing these needs; developed relative priorities; and discussed substance abuse, adolescent sexuality, and mental, physical, and occupational health. Finally, the group drafted recommendations to health care institutions, community-based groups, state and local education agencies, national organizations, and the federal government. Adults worked with tremendous energy and enthusiasm, happy to meet colleagues who shared their concerns and young farmworkers full of insight and hope. For the youth, the conference was an opportunity to validate their perspectives, to reaffirm their determination to support each other and other young farmworkers, and to discover a high degree of commitment among adults who want to work on their behalf.

Purpose of This Report. This report presents the highlights of the national conference and the findings of the focus groups. In order to include the perspectives of a broader range of service providers and adolescent farmworkers than was possible to invite to the conference, NCAS staff and consultants conducted a series of interviews in migrant clinics, labor camps, and community settings in California, Colorado, Pennsylvania, Florida, and Texas during the fall of 1991 and the winter of 1992. The data gathered in these interviews are used in this report to supplement the material from the conference.

As all conference participants and focus group members know, farmworkers' lives are hard. But farmworkers are not a sad lot. This report pays homage to the strength of the male and female youth who work in the fields of this country. They are heirs to a long tradition of self-reliance, endurance, and dignity. As other adolescents, they are also full of dreams and vitality.

The National Coalition of Advocates for Students hopes this report will spur efforts to address the causes of the health problems among adolescent farmworkers; to foster cooperation among unions, churches, and government agencies at community, state, and national levels; and to include youth in designing health services to meet their needs. As adolescent farmworkers become responsible for their own health, they also will be empowered to become a new generation of workers—the one that will break the cycle of marginality.

11 *See Appendix B for a list of conference participants and additional health service providers interviewed by*

NATIONAL CONFERENCE ON HEALTH STRATEGIES FOR FARMWORKER ADOLESCENTS IN THE UNITED STATES

Goals and Structure of the Conference. The goals of the conference were to develop an agenda for addressing the health needs of adolescent farmworkers and to create a mechanism to speak out on health issues affecting adolescent farmworkers.

Upon arrival at the conference, participants were divided into four groups—Eastern Stream, Central Stream, Western Stream, and Youth Stream—for a session on needs assessment on Friday night.[12] On the second day, after a general assembly for reporting, participants formed small groups to discuss one of five areas of concern chosen according to their interests, expertise, and needs. Group members first defined the problems, described barriers to solving them, outlined current trends in solving the problems, and identified gaps in services. Later, participants developed recommendations to local and national institutions—recommendations that serve as the basis for a strategic national agenda for improving the health of adolescent farmworkers in the United States.

The Work of the National Conference. The issues, in order of priority, addressed by the four initial needs assessment groups are identified in Table 1. The most pressing concerns that were identified—substance abuse, sexuality, mental health, physical health, and occupational health—each formed the substance of one of the five working groups. These same issues were repeatedly raised in the pre-conference focus groups. The core of this report has been organized according to these five topics.

TABLE 1: PRIORITY HEALTH ISSUES

YOUTH STREAM	EASTERN STREAM	CENTRAL STREAM	WESTERN STREAM
AIDS/HIV	Mental Health Problems	Drugs	Substance Abuse
Drugs	Interpersonal Relationships	Teenage Pregnancy	Mental Health Problems
Teenage Pregnancy	General Health Problems	Teen Finances	Teenage Pregnancy
Problems with Parents	Substance Abuse	Child Labor	Lack of Access to Health Care
	Teenage Pregnancy	HIV & Sexually Transmitted Diseases	Impaired Physical Health
	Occupational Health Problems		Housing
	Dental Health	TB	Occupational Health
	HIV & Sexually Transmitted Diseases		

12 *The Eastern, Central, and Western Streams traditionally refer to the flow of migrant farmworkers who have homes in Florida, Texas, and California, respectively, and who migrate north following the different harvesting seasons. In this case, conference participants grouped themselves according to their location in one of these three flows. The Youth Stream was the group of adolescents who attended the conference.*

SUBSTANCE ABUSE

The Central and Western Streams considered drugs the number one health threat for adolescent farmworkers. The Youth Stream gave it second priority and the Eastern Stream listed substance abuse in fourth place.

The Youth Stream defined drugs as "anything that makes you high," including alcohol. These were some of the remarks of pre-conference focus group members:

> *All my friends drink. Even some girls are getting drunk. Usually it's the boys. They drive when drunk.*
>
> *You can get anything you want* [drugs] *on the street around the corner.*

All youth focus groups mentioned drugs as a top priority and remarked repeatedly about the easy accessibility of drugs. Adult focus groups also put drugs at the top of their lists, but they spent less time than adolescents discussing the issue.

Alcohol Abuse Among Adolescent Farmworkers. When the writer of this report visited Clínica Salud Para la Gente, a clinic in Watsonville, California, two adolescent women who had come to seek information on contraception agreed to be interviewed. The girls lived with their parents, settled-out farmworkers. When asked about drugs, one said that she had smoked marijuana once, but she would never do it again. The other volunteered that she was more inclined to consume alcohol, although she is trying now to refrain from drinking. When asked why, they both laughed remembering the last time one of them had been intoxicated. This had been at a birthday party and she had passed out. Her friend teased her, saying that she didn't even remember what she had done. The friend also said that her own father wants her "to learn how to drink," and that he let her drink at home to build up her tolerance. Since the pressure to drink at parties is great, she said her father also taught her how to pretend she is drinking when she is not.

Opportunities for drinking abound. An outreach worker in south Florida said at a focus gathering:

> *There are a great deal of teenage street parties and grove parties...*
> *A young adult male or female will rent a motel room and then invite all the kids that are skipping school.*
> *They come in to do alcohol.*

Carol Cowley, R.N., is a nurse practitioner at the New Horizons Adolescent Clinic of Plan de Salud del Valle in Fort Lupton, Colorado. Although most of the clinic's clients are women, she knows the larger community of farmworkers well. According to Ms. Cowley:

Area adolescents abuse alcohol more than other substances. Often intoxication leads to irresponsible sexual activity, including unprotected homosexual activity in bachelor camps.

The migrant clinic in Alamosa, Colorado, conducted a survey on alcohol consumption among 100 farmworkers aged 12 to 18 years in the summer of 1988. Seventy-five percent of adolescents needed not only preventive education, but treatment. Yet Tom Reeves, a physician's assistant with the Center Family Health Clinic in Colorado, indicated that *"there are no drug or alcohol rehabilitation programs; people have to go out of the valley to receive treatment."* He said some migrants take speed (methamphetamine) to face the hard work of the day, and at the end of the day they get drunk to counteract the effect of the stimulant.

Marguerite Salazar, executive director of Valley-Wide Health Services in Alamosa, Colorado, told workshop participants about the teen pregnancy initiative of a private foundation in Colorado. Working through the governor's office, the foundation set up a fund to launch community-based programs to look for alternatives to alcohol and drugs among youth. The initiative was so successful that even when the funds dried up, communities continued supporting the programs.

Drugs and Adolescent Farmworkers. The two youths in this workshop noted that drugs of all sorts can be found in schools: inhalants (correction fluid, cooking spray, canned whip cream, spray paint), pills from Mexico that are sold over the counter (methamphetamines, tranquilizers, antidepressants), diet pills, marijuana, and crack cocaine. Less clear is the extent to which injecting drugs are present in schools. In the labor camps, injecting drugs are a big problem.

Richard L. Miranda, director of Health and Human Services for Clínica Salud Para la Gente, expressed great concern for the extent of drug use in bachelor camps in the Pajaro Valley. He said, *"In terms of intravenous drug use, the situation of migrant labor camps is comparable to...New York City."* In Colorado the situation is no different, according to Tom Reeves:

Now adult single males are shooting cocaine, which seems to come from Mexico or Los Angeles. After migrants leave, clinic staff find an abundance of syringes lying on the ground around labor camps.

Outreach workers from migrant clinics, funded mostly by federal programs for HIV prevention, go into the camps armed with bleach kits and teach the men how to disinfect needles. One such outreach worker is Guillermina Rodriguez de Porras. Ms. Porras believes that most single men in the camps around the Watsonville area are drug users. She has been able to earn their trust, and now the men ask her for help.

Griselda Puell-Mata, AIDS project coordinator with Planned Parenthood Association of Hidalgo County, Texas, and Jesus Vela, Jr., director of the Texas Migrant Interstate Program, mentioned the consequences of drug abuse that put adolescents in south Texas at risk for violence, incarceration, and HIV infection. Dropping out of school typically comes first. This may be followed

by prostitution—when teenagers trade sex for drugs—and other criminal activities, like stealing.

HIV, which the conference discussed in a separate workshop on sexuality, is a big danger associated with injecting drug use among farmworkers. [13]

Cristina Almanza and Becky Laureano, adolescents from Apopka, Florida, were asked what they considered effective prevention measures. They gave high points to peer education, in which they actively participate through their program, Students Against Drugs and AIDS (SADA). Cristina said she particularly liked "the alcohol-free hangout idea" that the group had identified as a strategy to combat drug and alcohol use.

The training of SADA members involved dividing the males and females into separate teams and having each team present questions for the team of the opposite sex. Says Cristina:

> *At first nobody wanted to open up or anything...Then we started having this really big debate...and then we got too much into it...and if we were wrong, he [trainer] would correct us. But there really wasn't any wrong or right, we were just having fun and then afterwards we just couldn't stop.*

Today SADA members travel all over Florida presenting skits in high schools and encouraging other students to set up groups to find alternatives to alcohol, drugs, and unsafe sex. Occasionally SADA members talk to other youth on a one-to-one basis. This kind of direct contact is what the workshop group termed "peer counseling." A SADA member said, *"To a peer, to your own, you can easily open up, because they might be going through the same thing. But to an adult...they have to earn the trust before you can speak to them."*

13 *Mark Lyons, "Study Yields HIV Prevalence for New Jersey Farmworkers," in Migrant Health Newsline Clinical Supplement, National Migrant Resource Program, Austin, TX, March/April 1992.*

Sexuality

This is a top priority issue for all groups. Despite the clear focus of the problems identified—AIDS and teenage pregnancy—the workshop addressed the broad issue of sexuality, which encompasses human development, the role of families in conveying information about sex to adolescent sons and daughters, the role of schools and sexuality education programs, premature parenthood, the use of contraceptives, and sexually transmitted diseases, especially HIV.

In the focus group discussions, adolescent females repeatedly said they felt unable to assert their own wishes when relating to males. Although this is an issue for teenage females generally, it may be compounded by the importance that the Latino culture places on virginity. Once a young Latina loses her virginity, she can face huge consequences. Males admitted they felt they could treat sexually active females "any way they wanted."

At a focus group meeting, an adolescent recalled a clinician who brought home condoms for her adolescent son but not for her adolescent daughter. Whereas adolescent males get the message that something is wrong with them if they are not sexually active, females are told by their parents that they must remain virgins. At the same time, the males tell them that if they don't have sex, they're not going to love them. They get pressured from both sides.

Discussion of sex in farmworker families is infrequent, among Haitians, as well as among Mexicans. Marie José François, M.D., Director of SADA as well as of an HIV prevention program for adult farmworkers in Florida, told her colleagues at the workshop that Haitian families rarely discuss sex:

> *Sex is taboo for us. The mother and father, they have to act discreetly in front of the kids. It's like, for them,* [the children] *have to learn these things gradually.*

The adolescents from SADA repeatedly stated that they did not receive sexuality education from their own families, whether of Mexican or Haitian origin. In the substance abuse workshop, a female adolescent commented on the good rapport and trust she has with a woman mentor, and she contrasted it with the difficulty of talking to her own mother and father:

> *We go and talk to her about problems we are having and everything. But I don't know, it's different when you are talking to your parents, because I can't open up to my parents like I can with her. I just, I mean, it's not that I don't trust them or anything. It's just hard. It's your parents. My parents never talk to me about that* [sex]. *I never heard it from them. I never learned anything from them.*

When asked by an adult health educator in the workshop how he learned about sex, a young Latino man answered simply, *"From friends."*

About 90% of the patients of Mary D. Giammona, M.D., at the Mission Neighborhood Center in San Francisco are adolescent females. Commenting

on the high rates of pregnancy, Dr. Giammona said, *"These are kids who turn to high-risk behavior for solace. They crave intimacy."*

At the workshop on substance abuse, Becky Laureano, a SADA volunteer, had this exchange with adult health providers:

Becky Laureano: And a lot of people are getting married at an early age. A lot of girls I know are engaged already and are going to get married by next year.

Ruth Brown: How old are they?

Becky Laureano: My age, 16.

Marguerite Salazar: And do you think they're doing that to escape their home situation?

Becky Laureano: One of my friends, my friend's sister, ran away from home with her boyfriend. I don't know why. She's just not coming home....Most of the times when they run away, the girls firmly believe that they'll get rid of the problem, not knowing they are getting into a bigger problem.

Workshop participants agreed that adolescents receive hypocritical messages—do not engage in sex, just say no—while everything around them portrays sex and adults who are sexually active, often in irresponsible ways. Alex Goniprow, director of the Massachusetts Migrant Education Program, underscored this point:

> *I mean, there is something wrong there. You are afraid to talk about it* [sex] *in the classroom, but you can watch any music video you want and get a pretty vivid idea of what the expectations are, what is culturally acceptable in the United States.*

Adolescent Parenthood. Teenage pregnancy is a valid concern among health educators. In the farmworker community, adolescent fathers tend to disappear, unless the relationship has been steady enough to warrant marriage during the young mother's pregnancy. The females in the Youth Stream answered a difficult question instantly and with one voice:

Facilitator: What happens to a girl when she gets pregnant in school? She drops out. What happens to the guy?

All females: He leaves.

The problem of teenage pregnancy among young farmworkers is severe and growing. All youth in focus groups knew pregnant adolescents. High schools in farmworker communities typically include several pregnant students from the eighth grade on.

Most families of unmarried pregnant adolescents are understanding and adjust to the new situation, following different strategies. The child is often integrated into the nuclear family as a sibling of the adolescent mother. Viola M. Gomez, an AIDS education coordinator for Ohio Farmworker Opportunities, gave this information in the Central Stream discussion:

> *We are talking about farmworkers. They* [pregnant adolescents] *are still living at home, not on their own...They'll have the* [parental] *support. The mother will say, "OK, have the child, give it to me, and you're ready to go." Which is what happens a lot....*

Ms. Cowley points out that most clinic patients are females with a variety of problems that include unwanted pregnancy, need for birth control information, physical abuse, incest, and date or acquaintance rape. She thinks many adolescents deal well with motherhood if they have the support of an extended family.

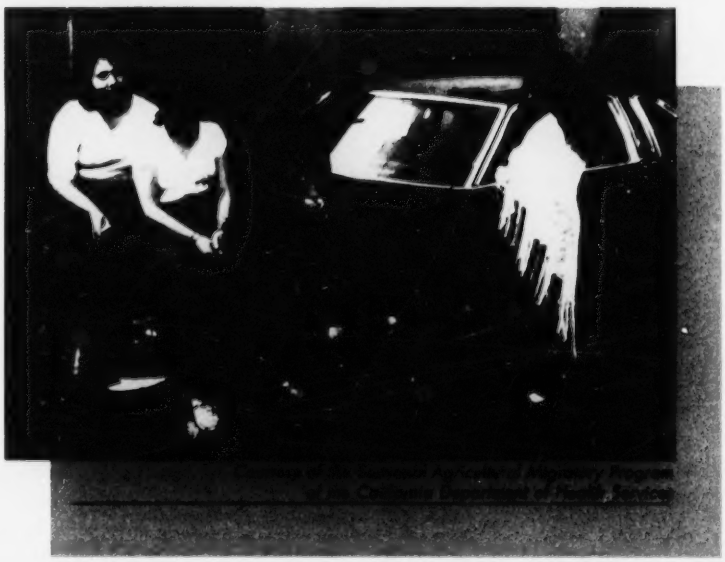
In the Central Stream discussion, Ms. Gomez stated that she knows young females who report that, on dates, they were forced to have sex through physical or emotional coercion.

Use of Contraception. Mr. Goniprow stated that religious prohibition of condoms contributes to the ambivalent attitude toward contraception held by many adolescent and adult farmworkers. Youth in the focus groups, however, stated unequivocally that they felt no religious compulsion to reject contraception. They listed these reasons for not using contraceptives:

- They are embarrassed to go to the clinic.
- Birth control costs too much.
- They are afraid doctors will call their parents.
- They don't plan ahead.
- They won't interrupt love-making to get a condom even if they have one.
- Boys complain about condoms.

Kathy Beamis, director of the New Horizons Adolescent Clinic in Fort Lupton, Colorado, said, *"Birth control costs a lot. It's not easy to get."*

The youth in the workshop admitted that they would not go to a drugstore by themselves to buy condoms. Marc Cadet, from SADA, reluctantly said, *"I'd go with a friend if I had to get some."*



All workshop participants concurred in the need to provide contraceptive education and contraceptives to both male and female adolescents and to state the clear message that both sexes are equally responsible for preventing unwanted pregnancies.

In the focus groups' discussions about sexual relations, young males and females differed about their expectations. According to young females:

- Males only want sex.
- Females say yes to boyfriends for fear of breaking up.
- Males talk about females as if they were things, not people.
- Males are less comfortable talking about subjects like sex and HIV than females are.

And this is what young males said:

- Sex is the only thing males want from females.
- Having sex will make females have "a lot harder feelings for the guy."
- They could treat sexually active females "any way they wanted."

Both male and female adolescents agreed that:

- Females attach more importance to sex than males do.
- Males care more about feelings than they are willing to show.
- Males sometimes have sex under pressure to show they are macho.

Parental attitudes remain obstacles to contraception. As a workshop discussant noted, the problem with sexuality education is that *"we want to give kids the information, but we don't want them to act on it."* For parents who would prefer teaching abstinence, the possibility of teaching contraceptive methods to their adolescent children, especially daughters, may be tantamount to approving early sex. Dr. François said that in the Haitian community, some parents actively oppose sexuality education programs for their children.

Courtesy of the Seasonal Agricultural Migratory Program of the California Department of Health Services

Workshop discussants reached consensus that sexuality education programs need to send a

clear message: *"It is better to wait, but if you do not wait, here is how to protect yourself from unwanted pregnancy and infection."*

Sexually Transmitted Diseases (STDs). When adolescent males go to the clinic in Fort Lupton, they usually need immunizations, sports-related physical exams, and medical treatment for STDs, says Ms. Cowley. Dr. François discussed the difficulties in treating STDs in a transient population. Health providers need to assure patients that treatment will be continued and that their confidentiality will be maintained. To anyone testing positive for chlamydia or gonorrhea, she gives a medical file so that the patient will be able to continue treatment after moving to a different location. First, patients need to agree to have the diagnosis on file.

Human Immunodeficiency Virus (HIV). Youth Stream conference participants placed AIDS at the top of the list of problems that threaten the health and integrity of adolescent farmworkers. When asked to list the possible consequences of HIV infection, they used one single, eloquent word: death.

They explained how they drive home their messages in their peer education projects to help other youth understand the reality of being infected with HIV:

> *We go to schools and churches and everything and we talk to them...to let them know that it's for real and it can happen to anybody, not just adults or just certain people....So we first usually put on a skit, and we make them feel like it's for real and it's really happening to us...that it can happen.... Afterwards, we talk to them and give them information that we know and that we have learned....*

For Dr. François and Wilfredo Morel, an HIV prevention educator from Peekskill, New York, the HIV epidemic is quickly becoming a reality among farmworkers. HIV seroprevalence studies of farmworker populations reveal high levels of HIV infection. In 1992 the HIV infection level among migrant farmworkers in Immokalee, Florida was found to be 5%[14]—more than 12 times the estimated .4% infection rate for the country as a whole.[15] In a rural area of New Jersey, 3.2% of farmworkers tested were found to be infected. Of these, 16.6 % were under age 25.[16] Dr. François speaks movingly of her struggle to get a fifteen year old to the health department, where she could be treated for HIV infection.

The ramifications of undocumented adolescents testing positive for HIV are far-reaching. Many won't seek treatment out of fear that medical authorities will report them to the INS.[17]

Mr. Morel and Dr. François also discussed their efforts to organize a support group for farmworkers with HIV infection. For 4 years, Dr. François tried unsuccessfully to form such a support group. *"First of all, these people are living in a small community. They don't think, 'If I have it, you have it.' We are all in the same boat."* Dr. François said. *"They think you're going to go out and spread the word about me—not you. Then somebody else will know."*

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14 CDC, "HIV Infection, Syphilis, and Tuberculosis Screening Among Migrant Farm Workers—Florida, 1992"; MMWR, 10/2/92, Vol. 41, #39.

15 CDC, HIV/AIDS Surveillance Report, Fourth Quarter Edition, December 1993.

16 M. Lyons, "Study Yields HIV Prevalence for NJ Farmworkers," Migrant Health Newsline, Vol. 9, #2, March/April 1992.

17 NY State Department of Health AIDS Institute, Hispanics and HIV: Strategies and Tactics for Education/Prevention, New York, NY, p. 36.

When Mr. Morel began working, people in the clinic told him they had no HIV cases. Within 2 months, he had identified 57 cases of people with HIV infection and AIDS. Mr. Morel explained how the support groups came about:

> *As I was meeting with them, these people were developing all kinds of psychological and mental problems. There was a lot of thinking about "How do I tell my family? How can I cope with this?" Finally, after working with them slowly, giving them the time they needed, they started saying, "Are there any other people with HIV that you know of? Can we get together, can we talk about these issues?"*

For Mr. Morel, there were many obstacles along the way. The participants did not want to be identified as an HIV group. To solve the problem, the group eventually began to meet in a church, outside of the health center. As a result, people who had refused to come to the health center for fear of being identified as having HIV infection, felt comfortable enough to attend.

Mr. Morel reported that creating the support group involved doing a lot of one-on-one counseling first. *"I will give them four weeks of one-on-one counseling so that I can gain the trust from that person and that person from me as well."*

Risk Behaviors Related to HIV Infection. Conference participants, clinicians, and young farmworkers spoke at length about the kinds of behaviors adolescent farmworkers engage in that put them at a high risk for HIV infection.

Adolescence is traditionally a time when the relationship between children and parents is strained. As farmworker families immigrate from other countries to work in the fields in America, tensions are heightened. Many families have a difficult time negotiating these changes.

Ms. Cowley told NCAS, *"The problems we see among our youth usually appear after other telling symptoms: lack of involvement in school, lack of long-term goals."* Dr. Giammona reported that she treats a lot of female adolescents for suicide ideation.

Living in a rural community, isolated, lacking transportation, and sometimes ostracized for being farmworkers, adolescents face numerous psychosocial problems. Youth complained that they had no transportation to go to the movie theater which is miles away. If a party is being held locally, there is often alcohol and drugs, and even if some teens don't want to go to the party, they are likely to go because they have nothing else to do.

An alarming number of young farmworkers drop out of school. Once these youth are out of school, they are easily drawn into the climate of violence, drugs, and ultimately, unprotected sex. Drugs in farmworker communities, according to Becky Laureano, are easier to get than alcohol and cigarettes, because drugs are sold on the street and no identification is needed to buy them.

Adolescent farmworkers at the conference spoke frankly of feeling pressured into sex and drug use. Becky Laureano said:

> *At most of the parties, groups of people are teasing you, "We know you're just a kid, go away." Since they're being pushed away, they'll go out and try to prove themselves.*

Carlos Puebla added:

> *That's hard, no way. Even if I haven't done it, I'm cool, man. Like, we have to say, "Yes, I did it." You say yes just to get them off the hook. And the girls, too, they make fun of you, like you're crazy or something, because you're not experienced, you're not a man, you're not cool.*

Roberto V. Rubalcava, executive director of Clínica Popular in Salinas, California, and Ms. Porras both reported that Mexican farmworkers use hypodermic syringes to give each other shots of vitamin B or penicillin, which can be purchased in Mexico without a prescription. Self-injection of licit drugs is quite common among recently immigrated farmworkers from Mexico. Data from a study of migrant farmworkers in Georgia revealed that 20.3% of those surveyed reported self-injecting antibiotics and vitamins for therapeutic reasons.[18] Entire farmworker families may be putting themselves at risk by sharing needles and syringes.

Barriers to HIV Prevention. Youth participants consider the lack of communication between parents and children to be the core barrier to sexuality education and HIV prevention at home. They see a generational and cultural gap in values and mores, and they point to parents' lack of information and the mobility of families as communication barriers.

In the community, a lack of effective school programs, adults' ignorance of the lives of adolescents, and a lack of training for educators are other key barriers identified by the youth. Religious and moral codes often inhibit open discussions in the community.

At the national level, the group identified the high cost of services, lack of health care in many areas, orientation of services to cure rather than prevent illness, and farmworker mobility, which makes continuity of care almost impossible. The group also mentioned conflicting messages sent to adolescents by the media and entertainment industries.

Positive Programs and Practices. Participants identified and shared their knowledge and experience with programs that had been effective in preventing HIV infection. Carlos Puebla, a member of SADA, when questioned about the effectiveness of peer education, stated:

> *It's very effective to me, because I used to hang around people who do drugs and drink alcohol. I was hanging around with them more and more. I would have probably started doing drugs, too, but then I heard about the youth group (SADA), so I decided to hang out with them.*

18 *D. Foulk, J. Lafferty, R. Ryan; "Developing Culturally Sensitive Materials for AIDS*

Ms. Salazar spoke of a youth summit that was held for adolescent farmworkers in Colorado. Eventually, alcohol and substance abuse prevention funding was provided and community activities to combat substance abuse were sponsored. The youth were very creative. They set up after-prom parties that were drug- and alcohol-free. Other youth monitored parties they attended, provided food, gave rides home to friends who were inebriated, and encouraged their peers not to drink.

When asked about her clinic's HIV prevention programs for farmworker youth, clinic outreach director Ruth Lopez of Clínica Salud Para La Gente, spoke of the importance of empowering adolescents and communicating respect for them:

> *My experience is that when you give the opportunity to a young person of being in control of one single thing and taking responsibility for it, they begin to change. The message in promoting HIV counseling and testing is that we care, that the life of a youth is worth living, that we respect adolescents as valuable human beings.*

Mental Health

Mental health received a high priority in all groups' assessments and was linked with the other four priority topics. For example, in relation to drugs, the Youth Stream listed stress, low self-esteem, family troubles, and bad relations with friends, among others. The Central Stream identified child abuse—sexual, physical, and emotional—and felt that lack of love, self-esteem, and assertiveness was an antecedent of teen pregnancy. The Western Stream stated that the need to feel included in the mainstream U.S. culture may propel youth to consume alcohol and drugs, whereas vulnerability, isolation, and the desire to be accepted were listed as encouraging adolescent parenthood.

Pamela G. Wrigley, an expert in second-language learning with the Virginia Migrant Education Program, defined the scope of the discussion when she said mental health issues were especially a problem among young migrants:

> *They move a lot. They don't belong to their school community. Many of them don't feel they belong in this country...but in a school or church group, you feel you belong, you share with people, and that's really the core of what we are talking about.*

At the Mission Neighborhood Health Center in San Francisco, where many settled-out farmworkers seek health care and the population is largely immigrant, mental health issues are paramount for teen patients. According to the Center's 1991 report:

> *Mental health/psychosocial and family problems were the most common diagnosis of Teen Clinic patients. Psychosocial stress develops from the normal changes of puberty, and is compounded among MNHC's patients by family disruption, poverty, wartime experiences and difficulties adjusting to a new language and culture.*

Parents: The Generation Gap, the Cultural Gap. Ms. Gomez, who was raised as a farmworker, contrasts the generation of her parents with her own: *"Parents had their children's respect and exercised authority."*

In the discussion of priorities by the Central Stream, Mr. Vela elaborated on the generation gap, looking at it without regret:

> *Today's rearing is a little different. We've changed. Telecommunications has a lot to do with that; the media has had a lot to do with that. We're not saying it's bad; we're saying it's different.*

The split looks different depending on whether you see it from the perspective of parents or of youth. This was articulated clearly in the focus group discussions. Whereas the adult groups articulated cultural conflicts as a major

stress factor, youth reflected this tension when they discussed relationships with their parents. The consensus was strong among both youth and adults on the need for parent education. Much like other youth with immigrant parents, these young people felt much better informed than their parents. Also not surprising, it was the adult groups that recognized the pressures on the parents. Particularly telling was the observation that parents were afraid of their kids.

In the Youth Stream discussion, adolescents made some general judgments about parents:

- Parents have their own problems, which they take out on the kids.
- Parents think they know better than you do. They ignore you. They treat you like a kid.
- Parents are trying to make their kids perfect.

Health providers recognize these phenomena. David Myers, administrative assistant for the Plan de Salud clinic in Ft. Lupton, Colorado, told NCAS:

> *Adolescents in the area must bridge a gap between the culture the new environment offers them and the Mexican culture of their parents. This gap intensifies important adolescent questions: How do you see yourself? What is your future as a person? What does school have to do with your future work? What are the real opportunities life offers you?*

Clearly a good deal of support in the community is needed for an adolescent farmworker to answer those questions. Parents need support as well.

Ralph Siqueiros, M.D., a physician at the Clínica Popular in Salinas, California, suggested that adolescents working in the field may be better off in terms of their mental health than urban, settled-out youth who have dropped out of school and have little to do. Siqueiros added:

> *In this area, young males tend to have guns and are members of gangs. The model for a young adolescent to imitate is a tough guy who dropped out of school, smokes, drinks, and behaves violently. This behavior is surrounded by a good deal of anxiety, and these kids tend to have very anxious parents.*

Participants worked vigorously on developing strategies to improve communication between parents and adolescents in the farmworker community. Mr. Vela described the Life Management Skills Retreat developed by his organization. Parents and students are trained together to make decisions, solve problems, cope, and communicate, which involves active listening.

In Alamosa, Colorado, Antonio Gurulé works as a health educator with the Adolescent Health Program. He uses a role-playing exercise in the public schools in which some students pretend to be parents while others, playing the role of the adolescent son or daughter, try to discuss an important issue,

like alcohol or sexual relations. The benefit is double: youth are able to empathize with their parents, as well as to learn how to communicate about problems. *"Kids need to be empowered to talk, especially to talk to their parents,"* remarked Mr. Gurulé.

Victor Cisneros, coordinator of SADA in Florida, believes that sometimes the best way of communicating with a parent is through a friend or advocate. He related the case of a friend who could not face talking to his mother, so he did it for him with good results. Both the parent and the son were relieved.

Family Violence. Participants stressed the need for a clearinghouse on audio-visual materials on domestic violence that may be used with community-based organizations in public education efforts. Participants suggested two strategies to increase communication between parents and youth: peer counseling for parents (support groups) and sponsored workshops and retreats for families. Participants did not elaborate, for lack of data, on the issue of sexual abuse of children and incest.

The School Environment: Dropping Out. In the focus groups, young farmworkers said they had very negative feelings about school. They made comments such as *"teachers couldn't care less,"* and *"adults live in another world."* No group had many good things to say about schools. The youth strongly felt that teachers and counselors didn't care, although on further reflection, some could think of exceptions. When one considers that focus group participants were not a random sample of young people, but rather members of peer leadership groups—individuals with leadership potential and social concern—one is struck by the dramatic failure of these school systems to reach these youth.

Becky Laureano of SADA caused some commotion at the workshop when she mentioned that she had been taken out of the classroom to talk to a school officer who questioned her about drugs. She was singled out as a Mexican adolescent farmworker. The group recognized that placement in special education classes also stigmatizes students and stereotypes their ethnic groups.

Workshop participants would like to see an increase in after-school clubs, 4-H clubs, more sports and recreational activities, the development of peer counseling groups, and cultural activities such as *Teatro Campesino*, in which drama troupes enact plays about the daily lives of farmworkers.

PHYSICAL HEALTH

The conference described this category arbitrarily as excluding occupational health, substance abuse, and sexual and reproductive health, which were all the subject of special working sessions. Isolated from these topics, physical health was given a relatively low priority by the four groups and was not mentioned at all by the group of adolescents. Although the physical health working group focused all their attention on nutrition and dental health, the adult streams did identify other health issues. In addition to HIV and other STDs, communicable diseases such as tuberculosis and scabies were listed as problems, as were hypertension, diabetes, and anemia. The Central Stream cited poor access to health care—caused by lack of transportation; cost; and legal, cultural, and linguistic barriers—and lack of preventative health care as major problems.

Nutrition. Maricela Chavez Ramirez, public health consultant with the California Department of Health Services, referred to a telephone survey conducted by the Agricultural Extension of the University of California at Davis. The study found that Mexican immigrants to California who are employed in farm labor change their diet soon after arriving in the United States, losing some important sources of fiber, iron, and protein in exchange for sugar and fat. Cold cereal of low quality replaces a hot morning meal; corn tortillas are replaced by those made of white flour; the consumption of beans decreases; and *pan dulce* (sweet rolls) are replaced by cookies and pastries with much higher sugar and fat content. Although many Mexican migrants switch from lard to vegetable oil for frying, the ground beef, mayonnaise, and butter that they consume more than make up for the saturated fat thus eliminated.

As a result of these dietary changes, obesity increases among Mexican farmworkers after migration. Diabetes is another major ailment for farmworkers, especially women. Ms. Ramirez explained that the kind of diabetes most often suffered by farmworkers has adult onset and can be prevented by a healthy diet during adolescence.

Dental Health. A young farmworker said that dental pain is the one health problem *"that cannot be forgotten or postponed."* Mr. Rubalcava explained that the health care system is unable to meet the demand for farmworker dental care. *"At the moment,"* he said, *"only emergencies are being taken care of. Still, people line up early in the morning outside the clinic for emergency care."*

A participant in the Western Stream claimed that the high cost of dental care in the United States forces many farmworkers to wait until they can go to Mexico before they take care of cavities and other dental problems.

Access and Quality. The workshop also dealt with access to health care and with strategies for prevention education. Participants identified inadequate funding and the low numbers of bilingual/bicultural health providers and educators as some of the pressing barriers to adequate health care for adolescent farmworkers. The group saw school-based clinics as being very effective. Dr. Giammona praised school clinics, which *"have been successful because they allow teachers, parents, health providers, and health educators to work as a team."*

OCCUPATIONAL HEALTH

The Eastern and Western Streams gave occupational health sixth place in order of importance among the most pressing issues for adolescents. In this workshop, occupational health was defined broadly as including issues of child labor, housing, and even sexual abuse, both in the fields and at home. Seen this way, occupational health overlaps with some of the top priority issues for most conference participants, such as mental and general health. Participants also identified field sanitation and safety, as well as agricultural use of pesticides, as main areas of concern.

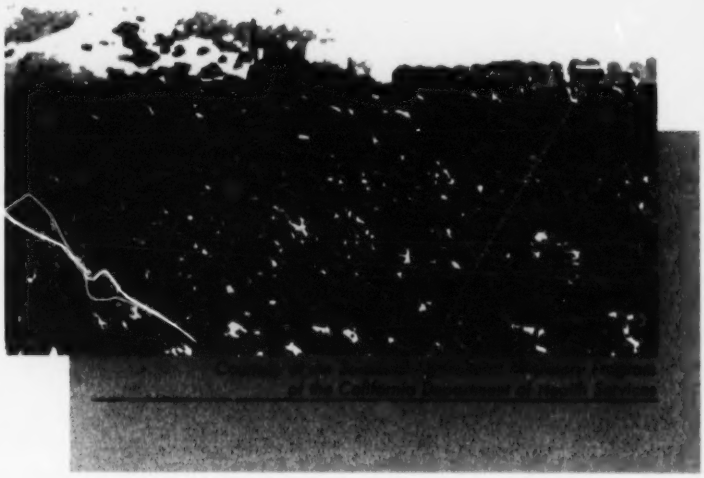
Child Labor. *"Child labor is a result of our economy because almost in every family in the farmworker population,'as many hands as are available are needed to help in securing a living,"* said farmworker Hazel A. Filoxsian, director and founder of the Migrant and Immigrant Assistance Center in Fort Pierce, Florida. Participants underscored the dangerous nature of farm labor in relation to children and youth. One of them told this story:

> *A young Hispanic was working in the groves during school hours, which is a direct violation of child labor laws and what OSHA* [Occupational Health and Safety Act] *has determined to be an unsafe condition. Another 15 year old was operating the loading machine that picked up the boxes, and* [he] *backed over Antonio X and crushed him to death. What did* [the grower] *do? He immediately deported the boy who was operating the machine to Mexico. Blamed Antonio's death, or the hiring of Antonio, on a clerical error.*

The law allows 16 year olds to do hazardous work in agriculture, operating tractors, loaders, hay bailers, and grain combines, even when they need to be 18 to do similar jobs in mining and logging. Mr. Reeves told NCAS that a 14-year-old boy in his area had his hand crushed by a potato machine. *"Afraid of the law, the parents denied that he was working, even when they could have made a claim for workers' compensation."*

An added cost of child and early adolescent labor is the educational opportunities that may be missed forever. An African-American participant said:

> *That's the reason, especially in the Black community, that a lot of older men and women can't read and write now, because early on they were in the fields. And it's going to happen to our adolescents today....Illiteracy is the ultimate result of child labor.*



Mr. Vela understands why parents keep their children in the fields:

> *We are dealing with two different dynamics. One is that parents want the kids to work. They don't want to force them, but ideally, kids have to help out. That's what it means to be familia. It's beautiful when you have five or six kids and everyone is working with you and you* [the parent] *know where everyone is. Then there is the grower or the canning factory employing the child. That's another matter. There can be abuse here.*

The pressure the grower or contractor exerts on the parents can be transferred to the child. Ms. Gomez remembers what being a child worker was like:

> *We* [as children] *didn't think of those things* [the danger of pesticides]. *Our parents made that decision for us. I couldn't tell my parents, "No, I can't go, because my back hurts" or "because I don't feel good."* [Your parent might say:] *"You have to go, because you have to work, and we're living here in this house, and the farmer expects everybody to be out there working; that's why he let us live here." We can't worry about pesticides. We're living for today here. We can't be thinking of 40 years down the road....*

New immigrants have particular difficulty entrusting their children to a school system that they themselves do not know and did not go through. The experience of schooling may be difficult and even traumatic for children who find themselves in a totally foreign environment, especially when they do not speak English. Parents may be forced to take their children to work, either as hired workers, or simply as their own helpers. Or they may be forced to leave them at home alone or with an older child.

Participants of the focus groups frequently implied that economics was the bottom line. Poverty interfaces with each issue: a lack of a sense of the future contributes to both teen pregnancy and school failure. The need to work and contribute to the family income also increases the likelihood of school failure and creates other health problems.

For settled-out farmworkers, school represents the stepping stone that their children must have. Many migrant farmworkers require their children to work, at least seasonally, but more and more farmworker parents are intent on giving their children an education. Ms. Gomez is an example of such a parent:

> *When I was growing up, we had to move five times every year. I never graduated from school. I had to work, and when I didn't work, I babysat. A few years ago, I got my GED* [General Education Degree], *became a secretary with the agency, and later on I worked as an outreach worker and nutrition specialist. ...Now I tell my children, "I do not want any gifts from you. I do not need any money. All I want from you is that you go to college."*

Housing. The group discussed the lack of affordable housing in general and the lack of access to desirable housing because of discrimination. *"Government*

projects have a long waiting list, so farmworkers do not even apply, because they are not stationary," said Ms. Filoxsian. Ms. Gomez referred to the fair conditions of labor camp housing in northwestern Ohio, but mentioned the case of an exploitative landlord/crew leader who had more than 60 male farmworkers in two trailers and one house, making a huge profit from the rent he charged.

For some farmworkers, the housing shortage means simply homelessness. Mr. Miranda told NCAS:

> *The clinic's HIV prevention outreach work has allowed it to come into contact with many people who are new immigrants* [arrived after Immigration Reform and Control Act of 1986 was passed], *many of whom are homeless—they live in the fields or in caves.*

Mr. Myers believes that camp closings create more misery for farmworkers:

> *When the Labor Department closes down the migrant labor camps because they are below standards, farmworkers simply become homeless people, sleeping in cars.*

Decent housing is a direct factor in the psychological and physical well-being of farmworkers. Valerie A. Wilk, health specialist with the Farmworker Justice Fund, based in Washington, DC, sees a direct relationship between substandard housing, unintentional injuries, and disease.

Each focus group observed that inadequate housing creates stress for all family members. Some adults also maintained that it contributes to sexual abuse. Several participants reported two and three families sharing a single dwelling; others recalled homes where strangers and families must share small accommodations together.

The group proposed to combat discrimination with tenant education, because, according to one participant, *"a lot of our people don't realize they are being discriminated against. Because we've lived in these conditions for so long, we've come to believe that this is all we should get."*

Sexual Abuse. Participants discussed sexual abuse only in the context of occupational health, because sexuality was the subject of another workshop. They identified the danger of sexual abuse of children who are left alone at home because of lack of day care, and they mentioned the problem of sexual harassment of females, including adolescents, by contractors in the fields.

Field Sanitation and Safety. The workshop touched briefly on toilets and drinking water in the fields. Many farmworkers do not have access to these facilities.[19] The group suggested that this is mainly due, not to the inherent limitation of the law (it does not apply to small farms), but to a simple lack of enforcement. As Ms. Filoxsian said:

> *They are required in the state of Florida to provide one portable bathroom for every 10 workers. There are no bathrooms. The people still have to go behind the trees, which is very unsanitary. They are required to have two containers of water: one for cleaning after the workers are finished, and one for drinking. They don't have them.*

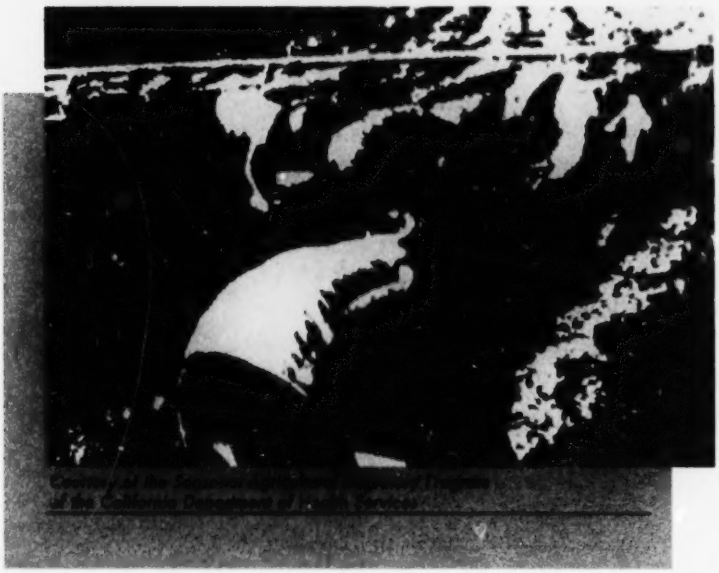
The lack of toilets in the fields presents a particular burden for women, who often work a full day without urinating. Ms. Gomez talked about the importance of educating farmworkers so that they can demand these essential services. *"We do it also for the grower,"* Ms. Gomez said, *"to teach them about the law."*

Pesticides. Ms. Gomez knows that children and adolescents are more at risk for pesticide poisoning than adults, because of their lower body weight and other conditions:

> *The farmer that we used to work for was experimenting, was using stuff he wasn't supposed to use, and he was under contract....My child, he worked in the fields since he was 10, and sometimes he would feel real weak, he'd get in the field and just start sneezing and sneezing....*[But for a long time] *he couldn't work or participate in school sports.*

Pesticides are absorbed through the skin, inhaled, or ingested, but the main absorption route is dermal, as active residues are found in leaves, branches, fruits, and vegetables. Ms. Wilk identified the lack of data as a major problem, especially because pesticides are not just one substance, but a combination of many chemicals. *"I call them pesticide cocktails because they are all kinds of mixtures,"* she said. And later, in an interview, Ms. Wilk expanded on this crucial point:

> *We have public relations euphemisms covering the deadly nature of these compounds, called "crop-protection chemicals" by the state agencies. Workers are not told what they are using. The label may say that 80 to 95 percent of a given pesticide formulation is made up of "inert" ingredients. What these ingredients are is a company secret. "Inert" does not mean biologically inert: it is only "inert" relative to the substance used to kill a particular pest. Many are solvents...used in other industries and heavily regulated. There is a patent protection at work. Companies are trying to protect trade and research investment.*



Laws and regulations on labeling are not enough to protect workers.

RECOMMENDATIONS: A HEALTH AGENDA FOR ADOLESCENT FARMWORKERS

These recommendations are the result of the joint work of adolescent farmworkers, health educators, health service providers, and farmworker advocates. The recommendations represent both the frustrations, aspirations, and daily experience of these people. They embody the vision of young farmworkers presented above.

RECOMMENDATIONS TO HEALTH CARE PROGRAMS

1. Involve adolescents in the development of health programs.
2. Promote health maintenance programs for adolescents, especially females.
3. Open adolescent clinics and adolescent health promotion programs. Adjust hours to the needs of working adolescents.
4. Develop comprehensive health delivery systems that are culturally appropriate and where the languages of farmworker communities are spoken.
5. Hire and train bicultural and bilingual staff who are sensitive to the needs of adolescents.
6. Recruit, in cooperation with colleges and graduate schools, young farmworkers for professional careers in public health.
7. Work with schools to establish school-based clinics.
8. Train staff to take comprehensive health histories and make psychosocial assessments of adolescent clients.
9. Conduct communications workshops for parents and youth.
10. Sponsor Alcoholics Anonymous, Al-Anon, and Alateen programs.
11. Conduct outreach programs in labor camps. Design innovative special prevention and treatment programs for all-male camps, especially those that house new immigrants.
12. Provide videos, fotonovelas, and other health education information in waiting rooms.
13. Establish peer support groups on diabetes, AIDS, obesity, teenage pregnancy, adolescent parenthood, substance abuse, and other local health problems.
14. Collaborate with community-based organizations and churches in organizing health fairs and health education events.
15. Conduct stress reduction or skill training programs for adolescents to address peer pressure, culture shock, post-traumatic stress syndrome, low self-esteem, and depression.

RECOMMENDATIONS TO COMMUNITY-BASED ORGANIZATIONS SERVING YOUTH

1. Sensitize staff to the developmental and health needs of adolescent farmworkers.
2. Collaborate with migrant health and education programs and with other state and local agencies. Form a network to advocate for the health care of adolescent farmworkers.
3. Fund youth activities and youth groups. Fund groups for young female farmworkers to contribute to their empowerment and personal development.
4. Design programs to involve parents in the health and education of their adolescent sons and daughters in culturally appropriate ways.
5. Conduct communications workshops for parents and youth, especially mothers and daughters.
6. Conduct stress reduction and skill training programs for adolescents to address peer pressure, culture shock, post-traumatic stress syndrome, low self-esteem, and depression.
7. Advocate before governmental authorities, private foundations, corporations, and other employers for a greater responsiveness to the social, emotional, and economic needs of adolescent farmworkers.
8. Advocate before local authorities for the reduction of racial tensions by recruiting police from different racial and ethnic groups, providing sensitivity training, establishing civilian review boards for police conduct, and promoting positive images of all groups in the media.
9. Reduce intergroup tensions by fostering shared community events and by organizing volunteer activities for adolescents of different races or ethnicities.
10. Monitor community relations in schools and support the development of a positive school culture by organizing sports, theater, art, and other multicultural events and by providing leadership in times of crises.
11. Create opportunities for paid employment for adolescent farmworkers after school and during the summer.

RECOMMENDATIONS TO LOCAL EDUCATION AGENCIES

1. Set a policy to establish and operate comprehensive school-based clinics that are responsive to the needs of a culturally diverse population.
2. Create innovative and culturally appropriate programs to involve mothers and fathers in their children's education, enlisting the help of community-based organizations.
3. Design and conduct high-quality comprehensive school health programs responsive to the needs of adolescents of diverse cultures.
4. Establish peer support groups for substance abuse, obesity, family alcoholism, teenage pregnancy, adolescent parenthood, child abuse, and other issues.
5. Establish peer education programs on drug abuse, HIV prevention, sexuality, and other health issues, mindful of the special needs of each gender.
6. Launch mentoring programs with the help of community-based organizations. Design special mentoring programs for adolescent single mothers.
7. Select and train staff to teach health education at the highest standard of excellence and to address the effects of drugs, alcohol, and tobacco as well as HIV prevention and sexuality.
8. Develop sexuality education programs that teach decision-making skills (using human relations models of instruction) and that present sex in a positive context.
9. Conduct communications workshops for parents and youth. Support parents in articulating an authoritative message to their children on the goodness of sexual relations, the benefits of delaying sexual activity, and the importance of using contraceptives and protection against infection (condoms) when they engage in sexual activity.
10. Organize exciting after-school activities. Provide alcohol- and drug-free hang-outs.

RECOMMENDATIONS TO STATE EDUCATION AGENCIES

1. Set high quality standards for comprehensive school health programs. Provide technical assistance, resources, and coordination of services to local education agencies seeking to conduct comprehensive health education programs that are culturally appropriate and delivered in the language of the target audience.
2. Review state guidelines to ensure that local education agencies are responsive to the social, emotional, and psychological needs of youth.
3. Set high quality standards and provide technical assistance, resources, and coordination of services to local education agencies seeking to reduce intergroup tensions by designing and mandating a school curriculum that celebrates the cultural contributions of all students.
4. With the help of community-based organizations rooted in ethnic communities, create innovative state and local action plans to involve mothers and fathers in their children's education, encouraging them to become partners with educators and to support their children's learning at home.
5. Enlist the help of schools of education in state universities to conduct top quality program evaluations for health program improvements.
6. Work in coordination with migrant education and health programs in addressing all aspects of adolescent farmworkers' health.
7. Request that colleges and universities develop programs to train and certify bilingual and bicultural health counselors recruited from the farmworker community.

RECOMMENDATIONS TO NATIONAL ORGANIZATIONS FOR FARMWORKER ADVOCACY

1. Conduct a national public education campaign on farmworker living and working conditions: housing, pesticides, child labor, lack of legal protections, and health. Locate the campaign near grocery stores and produce outlets.
2. Demand from the federal government the improvement of the health care system for all farmworkers.
3. Lobby for the creation of interstate reciprocal agreements to allow migrant farmworkers to establish eligibility for Medicaid in one state and to be covered in all states.
4. In a comic book format, produce materials about access to the health care system, with specific target audiences in mind: adolescent males, adolescent females, adults, and Spanish- or Haitian Kreyol-speaking groups.
5. Organize a national nonprofit organization to act as a broker between farmworker groups and funding sources.
6. Organize a farmworker information clearinghouse that can advise farmworker activists and advocates about affordable educational materials, new programs, and networks, especially those that apply to adolescents.
7. Monitor local, state, and federal agencies for their responsiveness to farmworkers and hold them accountable.
8. Establish an interstate electronic system for immediate retrieval of medical records, in coordination with the Migrant Student Record Transfer System and the Migrant Clinicians Network.
9. Lobby for federal funding of prevention programs targeted to adolescent farmworkers.

APPENDIX A: The National Coalition of Advocates for Students

The National Coalition of Advocates for Students (NCAS) was founded in 1974 as a voluntary network of education advocates concerned about rising suspension and expulsion rates in public schools. Since then, NCAS has grown into a national advocacy organization with 23 member groups in 15 states.

NCAS works to achieve equal access to quality public education for vulnerable students: immigrant children, children of color, migrant youth, poor children, and children who are physically challenged. NCAS reflects 25 years of advocacy experience on the part of its member groups.

NCAS mobilizes public opinion to press for solutions to the educational problems facing an increasingly diverse U.S. student population. Among NCAS publications are: *Barriers to Excellence: Our Children at Risk; New Voices: Immigrant Students in U.S. Public Schools; Immigrant Students: Their Legal Right of Access to Public Schools; The Good Common School: Making the Vision Work for All Children; Achieving the Dream: How Communities and Schools Can Improve Education for Immigrant Students; Delivering on the Promise: Positive Practices for Immigrant Students;* and *Looking for America: Promising School-Based Practices in Intergroup Relations.* These resources are based on the direct community experience of NCAS programs and of member organizations.

Since 1987, NCAS has worked actively on HIV education through its Viviremos HIV Education Project. Viviremos works in migrant and seasonal farmworker communities. Project staff educate farmworker service providers, youth, and parents about HIV transmission and prevention; develop and disseminate easy-to-read bilingual educational materials; train teachers and outreach workers to deliver culturally and linguistically appropriate HIV education to farmworker youth, and advocate for community action for education and prevention. Viviremos publications include: *Criteria for Evaluating an AIDS Curriculum; Guidelines for HIV and AIDS Student Support Services; STEPS to Help Your School Set Up an AIDS Education Program* (also available in Spanish and Haitian Kreyol); and *¡Vivivemos! On the Road to Healthy Living/El Camino Hacia La Salud: An HIV Curriculum for Migrant Students Grades 6-12* (bilingual: Spanish/English). The Viviremos Project, directly responsible for this report, is funded by the Division of Adolescent and School Health of the National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention (CDC).

APPENDIX B: Conference Participants

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LIST OF HEALTH SERVICE PROVIDERS INTERVIEWED BY NCAS

The health service providers listed below were interviewed on site in October 1991 by the author of this report. Some adolescent clients of these farmworker clinics were also interviewed. Their names do not appear on this list, because they wish to remain anonymous. The names are listed in the order in which interviews were conducted.

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Guillermina Rodriguez de Porras,
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APPENDIX C: Size of the Farm Labor Force

Because of its mobility and other characteristics, the farm labor force is difficult to count. In 1982, the Census of Agriculture (COA) reported that 2,730,046 people worked in agriculture —a figure calculated on the basis of labor expenditures.

In July of 1991, the U.S. Department of Labor released a major report, *Findings From the National Agricultural Workers Survey (NAWS) 1990: A Demographic and Employment Profile of Perishable Crop Farmworkers.* NAWS was not intended to count farmworkers, but looked instead at the composition of the labor force. Key researchers in this study, however, estimate that at least 2.25 million farmworkers are currently in the United States, based on data from COA and the Quarterly Agricultural Labor Survey, which included migrants. Other observers report the number to be closer to 3 million. In any case, the total number of farmworkers in the United States has diminished since 1970, largely because of mechanization.

The authors of NAWS estimate that migrant farmworkers make up 42 percent (about 945,000 persons) of the total agricultural labor force. A migrant farmworker is defined as anybody who travels 75 miles to do an agricultural job.

Composition of the Farm Labor Force

According to NAWS, the farm labor force's majority profile is this: male (71 percent); young (65 percent under 35 years of age); married (64 percent); foreign-born (62 percent); and Hispanic (71 percent).

Perhaps one of the most controversial findings of NAWS is the low participation of African-Americans in farm labor (2 percent). In the mid-1970s, the Centaur Report, conducted for the Occupational Safety and Health Administration (OSHA), found that the labor force was 30 percent Black.

Particularly relevant is the number of young people who are farmworkers: 20 percent of the full labor force are adolescents aged 10 to 21 years; 30 percent of all farmworkers are aged 24 years or younger.

COMPOSITION OF THE FARM LABOR FORCE

Sex	71 % of farmworkers are male
	29 % are female
Nationality	92 % of foreign-born workers are Mexican (or 57 % of the total farm labor force)
	8 % of foreign workers are other Latin Americans, Asians, and Caribbeans
Ethnicity and Race	71 % of farmworkers are Hispanic (57 % Mexican, 8 % Mexican-American, and 3 % Puerto Rican)
	23 % are White
	2 % are African-American
Legal Status	53 % of foreign-born workers applied for some form of legalization under the Immigration Reform and Control Act of 1986.
	29 % of all farmworkers applied for legalization under the Special Agricultural Workers (SAW) program.
	28 % of those who are unauthorized to work applied for inclusion in the Replenishment Agricultural Workers (RAW) program.
	12 % of all workers are unauthorized to work in the United States (95 % of these workers are undocumented, the other 5 % have some form of visa but no work authorization).
Age (years)	4 % are aged 14 to 17 (54 % of them are male and 46 % female)
	16 % are aged 18 to 21 (80 % of them are male and 20 % female)
	10 % are aged 22 to 24 (90 % of them are male and 10 % female)
	35 % are aged 25 to 34 (74 % of them are male and 26 % female)
	18 % are aged 35 to 44
	5 % are aged 45 to 50
	3 % are aged 51 to 54
	7 % are aged 55 to 64
	1 % are older than 65

Of all farmworkers, 39 percent are unaccompanied males, whereas 5 percent of all farmworkers are unaccompanied females. Of unaccompanied males, 26 percent are under 21 years of age. One can infer that 10 percent of all farmworkers are unaccompanied males under the age of 21. We do not have comparable data for the age of unaccompanied female farmworkers. Twenty percent of migrant farmworkers are unaccompanied males under 21 years of age.

Based on a labor force of roughly 2.3 million farmworkers (a widely accepted conservative estimate), the number of adolescent females in the labor force would be close to 130,000. The number of unaccompanied adolescent male farmworkers could be as high as 230,000. This large estimate is congruent with the observations of health providers and advocates, who talk about the increase in the number and size of "bachelor camps" and who believe health outreach to these young males is urgent.